MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-025666

FILED JUN 28 1963

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6533 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY Adams

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI — Length of stay in 1b

c. CITY OR TOWN Quincy — Inside Limits Yes [X] No [ ]

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) BARNES HOSPITAL — Inside Limits Yes [X] No [ ]

d. STREET ADDRESS (If outside, give location) 1701½ Broadway — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First CECIL Middle ERWIN Last BLAKE

4. DATE OF DEATH Month June Day 20 Year 1963

5. SEX Male

6. COLOR OR RACE White

7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH 3/12/1909

9. AGE (last birthday) 54 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attendant

10b. KIND OF BUSINESS OR INDUSTRY Soldiers & Sailors Home

11. BIRTHPLACE (City and state or country) Alexandria, Mo.

12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Charles Blake

13b. MOTHER'S MAIDEN NAME Rena Young

14. NAME OF HUSBAND OR WIFE Lucille

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of serv

16. SOCIAL SECURITY NO.

17. INFORMANT Address Lucille Blake, Quincy, Ill.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cor pulmonale with diffuse infiltration of right lung and pulmonary insufficiency — INTERVAL BETWEEN ONSET AND DEATH 1year

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Tuberculosis — 1 year

DUE TO (c) 002.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6/19/63 12:10p.m. 6/20/63 and last saw him alive on 6/20/63

Death occurred at 1:30 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) F.R. Bradley MD F.R. BRADLEY, M.D.

22b. ADDRESS BARNES HOSPITAL

22c. DATE SIGNED 6/21/63

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 6-23-63

23c. NAME OF CEMETERY OR CREMATORY Lewistown Cemetery

23d. LOCATION (City, town, or county) (State) Lewistown, Mo.

24. FUNERAL DIRECTOR ADDRESS Duker Bros. Funeral Home, Quincy, Ill.

25. DATE RECD. BY LOCAL REG. JUN 21 1963

26. REGISTRAR'S SIGNATURE Carl Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. ___

working under my personal supervision.

Student ___ ___ ___
Signature of Student Embalmer

Signed Elton H. Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.